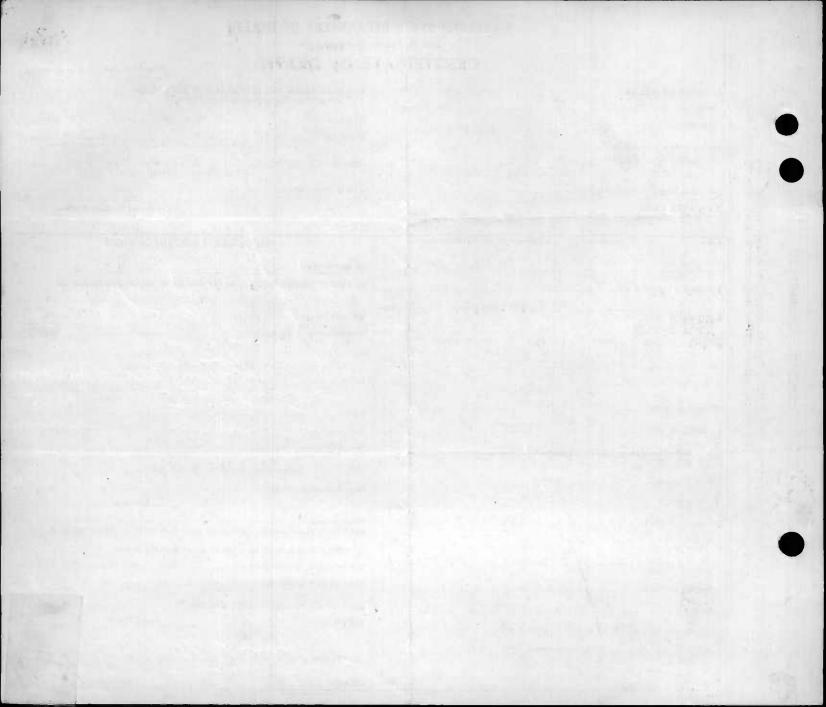
100105

CEDTIFICATE OF DEATH

CERTIFIC	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUHAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington All Porsons Pors	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new Burn infants give residence of mother) State County City or town (If outside city of fown limits, write RURAL and give neerest town) (If rural, give LOCATION) 2.(4) If veteran, name war.
3. (a) FULL NAME Identy. D. 1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Opil 1951, 212
6.(b) Name of husband or wife 6.(c) If allive, give age y	21. I CERTIFY that deat occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) Jelry 9. \$62. 8. AGE: Years Months Days It less than one day 23	Immediate cause of death DURA
9. Birthplace (John, county, and state) 10. Usual occupation 2000	Due to Due to
11. Industry or business framung for self	Other conditions 10-
13. Birthplace 14. Maiden name. In auf	(Include pregnancy within 8 months of deeth) Major fludings of operations.
16. Informant Albert & Heinkelly.	Autopsy results
Address Bate thereot (days (fear)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Location	Where did injury occur?
18. Funeral director Aleu floronico on Address 9 lb / If allies St.	Means of Injury tnjured at work? 23. SIGNATURE DEPARTMENT OF THE PROPERTY OF
19. Crev - 5/	360g man st M. D. or other

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH.				
		1 2. USUAL RESIDENCE (HC	ME) OF DECEASED.	/
COUNTY	MARYLAND	STATE MARINE	COUNT	Y
CITY (If outside corporate limits, write RUR.		CITY (If outside corporate	limits, write RURAL and gi	ve nearest town)
OR give nearest town	(in this place)	OR V//		,
	4 agral	TOWN Some	ye.	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural, give location)	
STREET ADDRESS		II III III		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED		12	OF	
(Type or Print) / Mary	La SINGLE MARRIED	Justy	DEATH Spul	2 5 195 /
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	11	AGE last birthday If under	1 year If under 24 hrs.
1- W	(Specify) westerve	Mar. 1-18701	8 yrs.	Days House Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF, BUSINESS OR	11. BIRTHPLACE (State or	oreign country) 1	2. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY	n: 110+	4	COUNTRY?
13. FATHER'S NAME	1 rouse	14. MOTHER'S MAIDEN I	TANE T	004
19. ENIMENS INDIES		THE BUTTLE WINTER	1 1/1 -	
Jobe Villey		Sugar / Eco	denas	
5. WAS DECEASED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND A	DDRESS	1
Yes, no, or unknown) (If yes, give war or dates (OI _	Mrs Was IT.	1/K = 1	0 / 1
leer vice)	18. MEDICAL CE	PTIMON	g . argung.	1 ming
	18. MEDICAL CE	BIIFICATION		INTERVAL BETWEEN
. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1. 9		ONSET AND DEATE
		ATT 0 444 10 TV		42
Immediate cause (a)	eneway	Macmon	COV 2 -	1 aug
Timili Culate Culate	0	1 11 /	$\Delta \Delta$	
3 (X Antecedent cause(s)	tais never	TIA ST HILL	1785. 0	1211
Diseases or conditions, if any, (b)W	muni- mai	10017.109/1	resure	ON MAIN
giving rise to the above cause stating the underlying cause last		//		
(c)		- V		
II. OTHER SIGNIFICANT CONDITIONS				
II. OTHER SIGNIFICANT CONDITIONS				-
Conditions contributing to the death but not				
Conditions contributing to the death but not related to the disease or condition causing deat				
related to the disease or condition causing deat				20. AUTOPSY?
related to the disease or condition causing deat				
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION	: (CITY OR TO	WN) (COUNTY	Yes No 🗆
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR 1 11. ACCIDENT (Specify) PLA SUICIDE OF	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	WN) (COUNTY	Yes No
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR 1 11. ACCIDENT (Specify) PLA OF SUICIDE HOMICIDE INJUSTICAL OF INJUSTICA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY			Yes No
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR 1. ACCIDENT (Specify) PLA OF SUICIDE OF HOMICIDE INJ. TIME (Month) (Day) (Year) (Hour)	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY I INJURY OCCURRED	(CITY OR TO		Yes No 🗆
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR 1 11. ACCIDENT (Specify) PLA OF SUICIDE (OF INJ. TIME (Month) (Day) (Year) (Hour) OF	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While			Yes No
related to the disease or condition causing deat 9a. DATE OF OPERATION 19b. MAJOR 19a. ACCIDENT (Specify) PLA OF HOMICIDE OF HOMICIDE TIME (Month) (Day) (Year) (Hour)	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY I INJURY OCCURRED	HOW DID INJURY OCC	JRi	Yes No (STATE)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU TIME (Month) (Day) (Year) (Hour) OF INJURY m.	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	JRi	Yes No (STATE)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT SUICIDE OF HOMICIDE OF INJURY PLA OF INJURY (Year) (Hour) m.	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC		Yes No (STATE)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE (OF HOMICIDE (INJ.) TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that 1 attended th	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work	How DID INJURY OCCI	281951, that I last	Yes No (STATE)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF (SPECIFY)	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work at that death occurred at	How DID INJURY OCCI	281951, that I last	Yes No STATE) Saw the deceased tated above.
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE (OF HOMICIDE (INJ.) TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that 1 attended th	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work	How DID INJURY OCCI	281951, that I last	Yes No No (STATE)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF SUICIDE (OF INJURY M.) 22. I hereby certify that 1 attended the alive on	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from Address of the decease of the deceased from Address of the deceased	How DID INJURY OCCI	281951, that I last	Yes No (STATE) Saw the deceased tated above.
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE (INJURY) (Year) (Hour) OF INJURY m. 22. I hereby certify that 1 attended th alive on 128 159 1, an SIGNATURE	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work odd that death occurred at (Degree or title)	How DID INJURY OCCU	281951., that I last a susses and on the date s	Saw the deceased tated above.
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE (OF HOMICIDE (INJURY) PLA OF INJURY M. 22. I hereby certify that 1 attended th alive on (Signaturi) Signaturi; 23. BURIAL, CREMATION DATE TLERE	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work odd that death occurred at (Degree or title)	How DID INJURY OCCU	281951, that I last	Saw the deceased tated above.
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE (OF HOMICIDE (INJURY) PLA OF INJURY (Year) (Hour) 22. I hereby certify that 1 attended th alive on (ACCIDENT) Signature (ACCIDENT) 23. BURIAL, CREMATION DATE TILERER REMOVAL (Specify)	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work odd that death occurred at (Degree or title)	How DID INJURY OCCIONAL ADDRESS TO BE CREMATORY LO	281951., that I last a susses and on the date s	saw the deceased tated above. DATE SIGNED 12915 (State)
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA SUICIDE (OF HOMICIDE (INJURY) PLA OF INJURY M. 22. I hereby certify that 1 attended th alive on (Signaturi) Signaturi; 23. BURIAL, CREMATION DATE TERE	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from Advantage and that death occurred at (Degree or title) NAME OF CEMETE	How DID INJURY OCCIONAL ADDRESS TRY OR CREMATORY LO	281951., that I last a susses and on the date s	Saw the deceased tated above.
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR 1 21. ACCIDENT (Specify) PLA OF HOMICIDE (INJURY) (Year) (Hour) OF INJURY m. 22. I hereby certify that 1 attended th alive on 128 Signature Signature 23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from Advantage and that death occurred at (Degree or title) NAME OF CEMETE	How DID INJURY OCCIONAL ADDRESS TO BE CREMATORY LO	281951., that I last a susses and on the date s	Saw the deceased tated above. DATE SIGNED 12915 (State)
related to the disease or condition causing deat 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that attended th alive on SIGNATURY 23. BURIAL CREMATION DATE TERRE REMOVAL (Specify) DATE REC'D BY LOCAL ANGISTRAR'S	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from Advantage and that death occurred at (Degree or title) NAME OF CEMETE	How DID INJURY OCCIONAL ADDRESS TO BE CREMATORY LO	281951., that I last a susses and on the date s	Saw the deceased tated above. DATE SIGNED 12915 (State)

SECTION STORY STOR

CERTIFICATE OF DEATH

age	WARILAND STATE DEF	ARIMBNI OF HEALIH	3835
4	2411 N. Charles	Street, Baltimore	
The correct	CERTIFICAT	E OF DEATH Reg. Dist. N	10.191
	1. PLACE OF DEATH- COUNTY HOW ARD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	SALTA HOW
Supply every item of information carefully. write the causes of death clearly and legibly.	OR give nearest town) ELL COTT CITY (in this place)	OR TOWN AURAL - ELL/COTT C	ve nearest town)
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS DANIELS RA	STREET DANIELS (If rural, give location)	
y a	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
ma	(Type or Print) SARAH ESTELLE	COBB DEATH	14 1951
infor th cle	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) 3 // CLE	S. DATE OF BIRTH 9. AGE last birthday If under Months 76 yrs.	Days Hours Min.
of dea	done during most of working life, even if retired) 10b. Kind of Business or Industry MONE	MARYLAND	COUNTRY?
ses ses	13. FATHER'S NAME SAMOUEL CORR	14. MOTHER'S MAIDEN NAME	
cau	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS DANIE	LS Rds
he	(Yes, no, or unknown) (If yes, give war or dates of NONE	BROTHER-JAMES COBB - ELLIC	OTTCITAND
te t	18. MEDICAL CE	RTIFICATION	Townson P
TIES .	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	170 X Antecedent cause(s) Disease or conditions if any.	S F BREAST Z METASTAGES	6/11/11/18
DIN	860 giving rise to the above cause attaining the underlying cause last (c)		
Phy	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fall I fack	wof ellow.	
T ti	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Et			Yes 🗆 No 🗷
Wind	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
NLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
P ads	22. I hereby certify that I attended the deceased from No Y.	25, 19.49, to MRIL! 19.51, that I last	
Pl	. 1 441 41		
SITE	alive on	ADDRESS and on the date s	tated above. DATE SIGNED
E WI	Edura J. Purport, M.D. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cour	RE 7 Md.
AS	REMOVAL (Specify) Burial 4-18-57 Loudon	Park Baltimore . Md.	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/2. 19-5/ John B. Lougheau Pu.	F.C. Higinbothom, Ellicott City,	ADDRESS Md
1,30	1 2 8 4		

MARGIN RESERVED FOR BINDING

VS. A15



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24 STATE DEPARTMENT OF HEALTH 133 MAY

Pu. B. E. E. d

3836

2411 N. Charles Street, Baltimore

CED THEIR ATE OF DEATH

690456

CERTIFICA	Reg. Dist. No. 19/
1. PLACE OF DEATH- COUNTY Howard MARYLAND CITY OF WARD AND AND AND AND AND AND AND AND AND AN	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE HOWARD
OR give nearest two City (rural) (in this place)	AY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethany Road	STREET (If rural, give location) ADDRESS Bethany Road
3. NAME OF (First) (Middle) DECEASED (Type or Print) Isaac Fuller	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 4-28-51 19
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEI (SpeciMarried)	1 4-10-1047 do
done during most of working life, even if retired) Laborer 10a. USUAL OCCUPATION (Give kind of work life, line) Laborer Mill	Howard Co. Md Country
Joshua Fuller	14. MOTHER'S MAIDEN NAME Susan Smith
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (1f yes, give war or dates of No service) 215-12-5493	Frances Fuller, Ellicott City, Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
23/X	l hemorrhage 8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertrophy 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	and auticular libriliation 40 vrs
	Yes 🗀 No 🔂
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. SUICIDE HOMICIDE INJURY INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan	. , 1941 , to 4-28 , 1951 , that I last saw the deceased
SIGNATURE (Degree or title)	at 3:30 P m., from the causes and on the date stated above. ADDRESS DATE SIGNED
	Clarksville, Md. April 28, 1951 ETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 5-1-5D Fuller	Ellicott City, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	F.C. Higinbothom, Ellicott City, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

6681

MAY 3 1951 (S)

VS. A15

The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1.9.

/						
1. PLACE OF DEATH. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (F STATE Maryland	IOME) OF DECE	COUNT Howard	Y	
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Ellicott City	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Ellicot			ve nearest to	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Ro	oad	STREET		ve location)		1
3. NAME OF (First) DECEASED (Type or Print) Nellie	(Middle) Louise Graham	(Last)	4. DATE OF DEATH	(Month) 4-19-5	(Day)	(Year)
6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) VIOOW	5-30-1868			I year If u Days Ho	nder 24 hrs. urs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) At Home	10h. KIND OF BUSINESS OR INDUSTRY	Frederick, M	d	12	COUNTRY?	OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
William E Beaty		Annie Neu				
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, givs war or dates service)	of None	Mrs. Clark Mea		tt City	,Md.	
	18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	arteriosclero	tic Cardio - Va	escular	Discou	ONSET AL	BETWEEN NO DEATH
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	rh.					
19a. DATE OF OPERATION 19h. MAJOR					20. AUT	OPSY?
					Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN)	(COUNTY)		TE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the alive on 4-18, 1951, are SIGNATURE.	Output Mo.	ADDRESS Cleist	causes and on	the date st	DATE:	re. SIGNED
	St. Jo	hns	OCATION (City, Ellicot		ud .	(State)
DATE REC'D BY LOCAL REGISTRAR'S REG. Upril 22,1951	B. Long have.	F.C. Higinboth	R		ADDRE	SS
	Qua 1/ B. E &			_		



Evidence for addition MARYLAND STATE DEPARTMENT OF HEALTH	3838
in 4 shown on: G 1 3 2 APR 16 195 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS Reg. Dist. No.	191
I. PLACE OF DEATH COUNTY COUNTY COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) Climate City (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle) MARYLAND LENGTH OF STAY (In this place) LENGTH OF STAY (In this place) CITY (If outside corporate limits, write RURAL and give County (In this place) STREET (If rural give lovation) ADDRESS COLUMBIA (Month)	PIKE (Day) (Year)
DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) / APRIC) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Marshall Green CORNELIUS OREEN VIDOWED, MARRIED, (Specify) / APRIC) 14. MOTHER'S MAIDEN NAME Alice Green	I year If under 24 hrs Days Hours Min. Citizen of What Country?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes, Yes, Was Deceased Ever In U.S. Armed Forces? (Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Piseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	- Linksur
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	Yes No 🗵
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH. (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while Not work at work	
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection M, Inquiry of thereon and obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my from: natural causes M, occident suicide , homicide , undetermined sold the SIGNATURE COLORS	opinion resulted DATE SIGNED + - 9-5
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count REMOVAL (Specify) BUILD A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) BUILD A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) BUILD A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) BUILD A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National Cemetery Baltimore, Modern Location (City, town, or count REMOVAL (Specify)) A 13-51 National	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

3839

1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEAS	COUNTY
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	L and LENGTH OF STAY (in this place)	CITY (Il outside espora OR TOWN	.00	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give l	ocation)
3. NAME OF DECEASED (Type or Print)	(Middle)	Juger Juger	4. DATE (MOF DEATH	onth) (Day) (Year)
5. SEX COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	PATE OF BIRTH	9. AGE last birthday 8 9 yrs.	If under 1 year If under 24 hr Months. Days Hours Min
done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BERTHPLACE (State or	mil	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	V	14. MOTHER'S MAIDEN	NAMÉ	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. Social Security No.	Mrs Minnie	Lager Sc	agnille Jud
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Mysear	Disf fai	lure	10 lays
Antecedent cause(s)	Mirano	Durina	aure —	2/1/1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Demis	lesis.		114cs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	. 0	7-2	All-Older congression and an array or operation and an array operation.	
19a. DATE OF OPERATION 19b. MAJOR FI				20. AUTOPSY7
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUST	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY) (STATE)
'TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the	deceased from 5/6	, 1937, to 4/30	d, 1857., that	I last saw the deceased
alive on 4/32/J., 19, and SIGNATURE	that death occurred at	ADDRESS from the	causes and on the	e date stated above.
23, BURIAL, OKYMATION DATE	TILL MA	RY OR CREMATORY L	OCATION (City, tow	(State)
REMOVAL (Specify) COATE REC'S BY LOCAL REGISTRAR'S, S	951 St Paul Lu	theren Cem-	Rulton	Maylor
May 3-1951 Men	shipley	Dellitte Da	naldson	damel Mod.
				, , , , , ,

REAU V. S.

39-6-7

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

191
Reg. Dist. No. +85

/						
1. PLACE OF DEATH	u.	MARYLAND Mar	2. USUAL RESIDENCE (Harford		
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place) 3 days	AY CITY (If outside corporate limits prite PIIPAT and size recent to			
HOSPITAL OR INSTITUTION OF STREET ADDRE	R	inic	STREET	(If rural, give local son St.	cation)	
3. NAME OF DECEASED (Type or Print)	(First) Conrad	(Middle) F J	(Last) ohnson	4. DATE (Mor OF DEATH AD		(Day) (Year) 28 195 lip
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifydiarried	8. DATE OF BIRTH 7/20/92	9. AGE last hirthday 58	If under 1	
Storekeeper	ATION (Give kind of work vorking life, even if retired) Aberdeen Prov	10h. Kind of Business or Industry Grounds.	Havre de Grace	Md.	12. C	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		
	ONSON VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		Kate Wilson 17. INFORMANT AND	ADDRES 116 Blo	omsbu	ry St
	not vicely	18. MEDICAL CE	Robt. L. Johnson	Havre de Gr	ece h	d
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	Uremia		***************************************		
Diseases or	nt cause(s) conditions, if any, (b)	Due to Chronic	Nephritis	>	6 ₀ ,	· · · · · · · · · · · · · · · · · · ·
stating the u	inderlying cause last (c)	Malignant hype	rtension			?
Conditions contribu	CANT CONDITIONS ating to the death but not se or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION				20. AUTOPSY? Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR 7	rown) (Co	OUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
slive on. A control of the state of the stat	arion pare fliered	Angel Hill	A .m., from the ADDRESS Pinel Clinic RY OR CREMATORY 1 Cemetery	causes and on the Ellicatt COCATION (City, town, Havre de Grac	Cit;	ted above. DATE SIGNED VMd . 4/28 (State)
DATE REC'D BY	95/ REGISTRAR'S	SIGNATURE TO ST.	24 NERAL DIRECTO	in I Ron To	Laver	de The
	youn	1) doughan			390	116

BUREAU V. S.

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No//	••••••
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY HOWARD MARYLAND	Guilford Rd Jessup P.O. Howard	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) TOWN Guilford Md (in this place)	TOWN Guilford Rd. Guilford, Md.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Guilford Rd. Guilford, Md.	ADDRESS Guilford Rd. Guilford, Md.	
3. NAME OF (First) (Middle)		ear)
DECEASED	IRKPATRICK DEATH Caril 23	51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 2 Hours	4 hrs.
Female White (Specify) Widow	May 2.186/ 86 yh. 171 271	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT
Housewife	Maryland U'S.W.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Taggart	Jane McBride	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	Mrs Janet A. Kirkbatrick	
18. MEDICAL CI	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWOOD ONSET AND DE	
I. DISEASES OR CONDITIONS DIRECTION DIRECTION OF TAXABLE OF TAXABL	2	
Immediate cause (a)	cursos - Ays.	
4500	1	
Antecedent cause(s) Diseases or conditions, if any, (b)	INA	
giving rise to the above cause		
stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7
17E. DAIL OF OTBIGHTON		0 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		00
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Not While at Work		
and a constitution of the	13, 1951, tolker 23, 1951, that I last saw the deceas	
22. I hereby certify that I attended the deceased from	, 19, to deceas	sea
alive direct 4 3, 195, and that death occurred at	m., from the causes and on the date stated above.	Λ
SIGNATURE (Degree or title)	ADDRESS DATE SIGN	ED
Manks Ley W. 10.	, Savere, Md. 4/241.	12
	ERY OR CREMATORY LOCATION (City, town, or county) / (State	e)
REMOVAL (Specify) Apr. 26, 1951 Granite Pres	by Church Cem Granite Md.	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REGIT 12415/ Mark Shipley	Caston Sous. Ellicot City. M.	

The WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Pag	Diet	Na	/	/	

CERTIFICAL	E OF DEATH Reg. Dist. No.!	···
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give n OR TOWN	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gella ave,	STREET ADDRESS Pella Core (ive location)	
3. NAME OF (First) (Middle) DECEASED (Typo or Print) SENJAMIN (Middle)	711/er DEATH apr	Day) (Year) 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	July 18, 1880 70 yrs. Months D	year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LIVE WARRY OF BUSINESS OR LIVE	Md. Con	CITIZEN OF WHAT
13. FATHER'S NAME Henry Miller	14. MOTHER'S MAIDEN HAME Ella Bankert	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. or unknown) (If yest give war or dates of 213-09-6165	17. INFORMANT Mrs Edna M. Meller	(ame)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Curcinoma	of Segmond	10 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Limid	20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE SUICI	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED Wolfe at Not Wbile INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-17	7 , 19.50, to 4-8, 19.5/, that I last saw	the deceased
alive on 4-5, 19.5, and that death occurred at SIGNATURE (Degree of title)	If aun., from the causes and on the date state	
REMOVAL (Specify) 4 11/5/ Soud &	ERY OR CREMATORY LOCATION (City, town, or county) Lepher d Della, Elleatt Co	(State)
DATE REC'D BY LOCAL REGISTEAR'S SIGNATURE REG.	Mildred J. Blight 6009 H	arford Rd
	970	1439

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. N	. 195
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNT	/ Harray
OR give nearest town) OR with the state of	CITY (If outside corporate limits, write RURA) and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blink.	ADDRESS Baltimare Block	
	COVITCH JATE (Month) OF DEATH Spill	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Wee 12 18881 602 yrs. 1	Days Hours Min
done during most of working life, even if retired) 10b. Kind of Business of Industry Industry	Zamose Paland	2. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME Reimin Seaman	MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, of unknown) (If year, give war or dates of service)	John Scouler days	el md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEE ONSET AND DEATH
Immediate cause (a) Lovu	ory nompreis	12 4
260X Antecedent cause(s)	a lip	12 ins.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from / 2 5	, 1939, to 417 , 1957, that I last	saw the deceased
alive on 10 3 0 , 195 3, and that death occurred at SIGNATURE (Degree or title)	ADDRESS irom the causes and on the date s	tated above. DATE SIGNED
	ERY OR CREMATORY LOCATION (City, town, or court	nty) (State)
DATE RECO BY LOCAL (BEGISTRADS SIGNATURE	24. PUNERAY PIRECTOR	ADDRESS
RECT (S) Drankshipley	De Wett Handdian O	skenel My

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WRITE PLEASE VS. A15



CERTIFICATE OF DEATH

Reg. Dist. No.

100105

/		
1. PLACE OF DEATH. COUNTY YOURS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECRASED- STATE many and COUN	TY Howard
CITY (If outside corporate lights, write RUEAL and OR give nearest town)	CITY (If outside constrate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4 Boy 218	STREET Route 4 Buf 2)	8 Hach. Blo
3. NAME OF (First) DECEASED (Type or Print) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH APRIL	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 700 VIA.	8. DATE OF BIRTH 9. AGE last birthday If und Mont	der 1 year If under 24 hrs hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even Cettred) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, opinknown) (If year, give war or dates of service)	ms. Edward B.	restachent
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Weart	It arline	4 m
Immediate cause (a)	1.0111.000	
Diseases or conditions, if any. (b) Myocard	in Sufarction (occlusion	~ <u>)</u>
Diseases or conditions, if any, (b) 94a giving rise to the above cause stating the underlying cause last	elertico amendini	/
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	July July State of the State of	K
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT	Yes No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Assert	19. 51, to 4 APRIL, 1951, that I last	can the deceased
411081) (-)	91-2 N	
alive on	m., from the causes and on the date	DATE SIGNED
George E. Sulean C	Christal 4.	APR1251
23. FURIAL, CARMATION DATE NAME OF CEMETE	Ry or CREMATORY LOCATION (City, town, or co	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDRAL DIRECTOR	ADDRESS
4-4-211	1 11 000 121 01	V 610 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

The correct age

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. N. 90

d)						
The	1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
	poward	and the				
y every item of information carefully the causes of death clearly and legibly.	CITY (If outside corporate limits, write RURA OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN				
leg	HOSPITAL OR	0 1	STREET	(If rural, give location)		
D. D.	INSTITUTION OR STREET ADDRESS SAIDO Ra	ce het	ADDRESS 5500	5 Maco	Kel	
allor	3. NAME OF (First)	(Middle)	(Last) / 14.	DATE (Month)	(Day) (Year)	
right	(Type or Print)	million	Taylon	OF DEATH afr	il 3/ 1951	
lea		7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. A	GE last birthday (If unde		
h c	mall cal	WIDOWED, DIVORCED, (Specify)	mar 22 1891	69 Month	Days Hours Min.	
of	10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT	
G.B	done during most of working life, even if retired)	INDUSTRY	Parific	- Coho	COUNTRY	
so	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1 2	
138	Alloneon	Tarler	Marial	Buntal	Leary	
e g	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY No.	IT. INFORMANT AND ADD	RESS 14	Ja Road 10	
he	(res, do, or unknown) (fryes, give war or dates of service)	1705-07-4787	Manaie:	Tue Con with	SECTION	
pply		18. MEDICAL CE	RTIFICATION	7	1	
Suppl	I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
OJ BE		13			ORBEI AND DEATH	
INK. please	Immediate cause (a)	Of 2 to	Jan 4 - Por South	morra	300	
pleas	42 7 Antecedent cause(s)	0	-/			
	Diseases or conditions, if any, (b)	course,	2 no	celteron	12 7 11-	
Z a	giving rise to the above cause stating the underlying cause last	5- RX- 6/2	1/1/2	\	7 7	
Dis S	(c) 2		De file on	Cog 11		
NFADING Physicians:	11. OTHER SIGNIFICANT CONDITIONS			and the second	1 min	
P-3	Conditions contributing to the death but not related to the disease or condition causing death.					
1 4 1	19a. DATE OF OPERATION 19b. MAJOR FI				1 20. AUTOPSY?	
Et	none					
LAINLY, WITH U especially important.	21. ACCIDENT (Specify) PLACI	E (Home, farm, factory, street,	(CITY OR TOWN	(COUNTY	Yes No (STATE)	
F.B	SUICIDE OF INJUR	office bldg., etc.)				
PLAINLY s especially		INJURY OCCURRED	HOW DID INJURY OCCUR			
Z-g-	INJURY m.	While at Not While Work At work				
P Spe		0.14	200 1 - 00 01	-		
PI	22. I hereby certify that I attended the	deceased from	d, 19.20, to florette	192, that I last	saw the deceased	
EI.	alive on 3/2, 20, 195/, and	that death occurred at	m., from the caus	on and on the date a	total above	
12	SIGNATURE	(Degree or title)	ADDRESS	es and on the date s	DATE SIGNED	
WRI	n-100	1. 16009	main St En	groupe	27 2001,	
	V3421212mm	an in the			1121157	
PLEASE	23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 4/24/51	NAME OF CEMETER		TION (City, town, or cour	nty) / (State)	
EA	DATE RIC'D BY LOCAL REGISTRAR'S S		24. FUNERAL DIRECTOR	lto, Md.		
P.L.	REG. RECORD RECORD REGISTRAR'S S.	GNATURE.		7 77	ADDRESS	
	14/31 KW.	-aua	Holland Funera	1 Home		
	1100	11)2	1631 Druid Hil	l Ave.	411006	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

/							
I. PLACE OF DEATH- 2. USUAL RESIDENCE (HOME) OF				HOME) OF DE	CEASED.		
COUNTY MARYLAND MARYLAND			state county Howard				
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and grant and				ve nearest to	onm)		
OR give nearest TOWN LILCO		(in this place)	OR Ellicot	t City	(Glen	elg)	,,,,,,
HOSPITAL OR			STREET	(If rural,	give location)		
INSTITUTION OR STREET ADDRESS Vineyard Road		ADDRESS Vineyard Road					
3. NAME OF DECEASED	(First) James Albe	(Middle) ert Thompson	(Last)	4. DATE OF	(Month)	(Day)	(Yeer)
(Type or Print) 5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	DEATH 1 9. AGE last birt	4-14-51	1 year (If u	19
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	11-21-1874	76		Deys Ho	urs Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	Industry Labor	11. BIRTHPLACE (State		1:	2. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAM	E	Talm -acol	Dayton, Md	NAME			
Unknov			Unknown	111111111111111111111111111111111111111			
	ER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If year, give war or dates a service)	None	Mrs. John Curr		, Md		ELE:
		18. MEDICAL CE	PTIFICATION			T	D
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	,			ONSET AN	BETWEEN ND DEATH
		ACUTE cardine	h.l.a			200	
Immediate	e cause (a)	ACUTE Cardiae	James	Pd* 6 000 000 v 000 v 000 v 000 p 00 v 000 p 100 v 000 p	100 TP v= 100 P P P P P P P P P P P P P P P P P P	30 M	umiras
Anteceden	t cause(s)						
4200	conditions, if any, (b)	dotariosclaratic lu	ent dessace è au	viculas fo	ballation	104	lass
giving rise to	the above cause inderlying cause last				PO-000000 чиништина вышен и поред пор		
II. OTHER SIGNIFI	CANT CONDITIONS	0-	1 4 . / 4	- /		10	
related to the disees	se or condition ceusing deat		ratio hypert	holles		10 3	ENS
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUT	OPSY!
						Yes 🗆	No K
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STA	(TE)
TIME (Month)		INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?			
INJURY	m.	Work At work	1				
22. I hereby certi	fy that I attended th	e deceased from June /	14, 1948, to Dore	214, 1951,	that I last s	aw the de	eceased
alive on Bro	rel 14 1951 on	d that death accurred at	7:30 Pm from the	onuses and a	n the data at		
SIGNATURE	IV AL	d that death occurred at	ADDRESS	causes and o	n the date st	DATE S	e. SIGNED
Charles	S. Whitah	15,19.0. Ca	usville, 17d.		19les	1 16,	
23. BURIAL, CREM. REMOVAL (Spec	ify)			LOCATION (City		ty)	(State)
Burial DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE Providence	24. FUNERAL DIRECTO	Henelg, Mc	4	ADDRE	900
REG. 4-16-	51 Marie	a. Whitake	F.C. Higinboth		t City.N		00
				/	- U J.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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